



IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

Applicant(s): Michaels et al.

Serial No.: 09/995,063

Filed: November 27, 2001

For: Post-Foaming Gel, Container
Therefor and Apparatus and Method for
Heating and Dispensing

Group Art Unit: 3754

Examiner: Frederick C. Nicolas

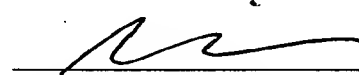
Attorney Docket No. J-3153A

Customer No.: 29471

Certificate of Mailing

I hereby certify that this paper is being deposited
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Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on this date:

June 4, 2004



Anthony G. Volini
Registration No. 48,016
Attorney for Applicant(s)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

In response to the Office action dated March 4, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which appear at pages 2 through 13 of this paper.

Remarks/Arguments begin at page 14 of this paper.



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PATENT
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) Title: Post-Foaming Gel, Container
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) Heating and Dispensing
)
)
) Examiner: Nicolas, Frederick
)

AMENDMENT TRANSMITTAL

Mail Stop Amendment

*Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450*

RECEIVED
JUN 09 2004
TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an amendment for the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **June 4, 2004**, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-1450.



Anthony G. Volini



Small Entity Status

- ☐ Small entity status has been established and is still effective.
☐ Has not been established.

2. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	25	MINUS	78	= 0	X 9=	\$	X18=	\$
INDEP.	5	MINUS	5	= 0	X43=	\$	X86=	\$
First Presentation of Multiple Dependent Claim					+145=	\$	+290=	\$
TOTAL ADDITIONAL FEE						\$	OR	\$0.00

3. Method of Payment of Fees

- ☐ Attached is a check in the amount of:
☐ Charge Deposit Account No. 50-1903 in the amount of:
☒ A copy of this Transmittal is enclosed.

4. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17, except issue fees, to Deposit Account No. 50-1903. A copy of this Transmittal is enclosed.


Please refund any overpayment to McCracken & Frank LLP at the address below.

Respectfully submitted,

McCracken & Frank LLP

June 4, 2004

By:


Anthony G. Volini
Reg. No: 48,016

200 West Adams, Suite 2150
Chicago, Illinois 60606
(312) 263-4700
Customer No: 29471

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